

Dr Simon Opher MP Backbench Business Debate: Children's Health

10 July 2025, House of Commons Chamber

Summary

- The continued impact of the pandemic followed by the cost-of-living crisis and growing levels of child poverty has impacted children's health outcomes, with evidence of deteriorating outcomes:
 - **25% of all five-year-olds experience tooth decay and dental extractions**, and preventable tooth decay remain a top reason for hospital admissions of children.
 - The number of **NHS admissions for malnutrition amongst 0–17-year-olds increased by 76%** between 2007 and 2022.
 - The number of children **with type 2 diabetes has risen by more than 50%** since 2017.
 - **One in five children aged 8-16 and almost one in four young people aged 17-19 have a probable mental health disorder**, with many more struggling with their wellbeing.
- Barnardo's welcomes recent announcements which have the potential to improve child health outcomes. They include:
 - The extension of free school meals to all children on Universal Credit.
 - The roll out of mental health support teams to all schools in England.
 - The announcement of £500m to establish Best Start Family Hubs in all local authorities.
 - The development of a neighbourhood health service and partnership working between health, community and education in the recently published NHS 10-year plan.
- While these initiatives will help the government towards its ambition to ensure the healthiest generation of children ever, the key to long term realisation of that ambition must be on ensuring effective delivery. Barnardo's would like to see:
 - **A clear vision for the what the healthiest generation of children ever means**, supported by an action plan for child health including outcomes measures and a plan for implementation.
 - A genuine focus on prevention in communities, so that all families can access timely and accessible health support and advice. **Existing initiatives in Barnardo's Family Hubs focusing on dental care and vaccination provide examples of how this can be done.**
 - **An increase in funding for initiatives proven to improve child health and support the shifts towards community and prevention, as well as for the workforce needed to deliver these.**
 - **Measuring progress and evaluate programmes** to ensure different areas can spread best practice on what works.
 - **Given the clear links between child poverty and health inequalities, a commitment to reduce child poverty to no more than 28% in this parliament, and an end to the two-child limit and benefit cap or equivalent measures, to create a safety net for all children.**

1. The NHS 10-Year Plan

- The 10-year plan has the potential to be transformative. The shift to neighbourhood health services and emphasis on partnerships between health, community and education providers to improve child health is welcome, as is the co-location of wider support that addresses some of the social determinants of health, such as debt management within neighbourhood health settings.
- The measures on prevention are an important first step in moving the health service towards a model that keeps children and young people well and to ensuring that health is everyone's business.
- While the plan is welcome, the detail on delivery is missing. The coming weeks and months will require clear guidance for ICB's, the health service and partners to meet the governments ambitions and its three shifts.
- The Darzi review found that children and young people's services are underfunded in comparison to adults. **Children make up 24% of the population and only receive 11% of health care funding.** Children and young people experience longer waiting times for health and wellbeing services. It is not clear whether the plan will shift funding and resources to correct the inequality in care that children and young people experience.
- The 10-year plan will be implemented against a backdrop of change with the merge of DHSC and NHSE, a reduction in the number of Integrated Care Boards

This plan alone will not be enough to achieve the government's mission to create the healthiest generation of children ever. Barnardo's is calling on the government to develop and publish an action plan for child health.

2. Family Hubs and their role in supporting children's health

- Family Hubs are a community-based resource providing a range of support services for families with children from pregnancy through to age 19 (or 25 for young people with SEND).
- As well as supporting with social issues, Family Hubs play a key role in helping to support children's health outcomes by providing a range of public health interventions and enabling families to access health services in a safe and familiar environment, often enabling hubs to work with families who otherwise struggle to engage with health services, by offering services in way which works for families. Examples of work undertaken at Barnardo's Family Hubs include:
 - **Breastfeeding, weaning, nutrition and cooking support.** This includes offering advice online as well as in person allowing for example breastfeeding advice to reach parents who may otherwise struggle to attend sessions in person with a newborn baby.
 - **Pop up dental clinics.** These provide screening for dental disease and personalised one-to-one oral health advice by a dentist and dental nurses which has helped provide dental services for families who struggle to access dental appointments.
 - **Drop-in vaccine clinics.** These include examples such as the work done by Barnardo's Isle of Wight family hub/centre which is attached to the sports centre next to the skate park which is popular with families after school. Having drop in vaccines in the spaces and places families go captures large numbers of families that are less likely to engage if they need to book ahead of time.

The government has recently made a welcome announcement that it will invest £500m to expand the Family Hubs Programme and ensure this service is available in every local authority area. To ensure the new Best Start Family Hubs Programme delivers improvements in children's health, Barnardo's would like to see a commons outcomes framework developed for hubs which would make clear the important role hubs play in improving the health of children in their local area. New guidance should also recognise the need for Best Start Family Hubs to work closely with neighbourhood health services including sharing staff and resources to deliver comprehensive and holistic support for families. Barnardo's latest report on Family Hubs can be read [here](#).

3. Children and Young People's Mental Health

- In May 2025, the Children's Commissioner published a report examining children and young people's access to mental health support. The report found that demand continues to grow for Children and Young People's Mental Health Services (CYPMHS, commonly known as CAMHS), with **the number of children with active referrals increasing by nearly 10,000 since last year to 958,200**.
- Despite investment in children's and young people's mental health services, this remains far below other spending within health and care systems, pressure on services is rising and worrying trends persist:
 - Many children were still experiencing long waits to access mental health services and there is a postcode lottery in the size and length of waiting lists.
 - Almost half of children referred for being 'in crisis' have their referrals closed or were still waiting for their second contact. 14% of children still waiting, had been for two years or more.
 - Some of the longest waits are experienced by children referred for suspected or diagnosed neurodevelopmental conditions.

The commitment made in the spending review to rolling out Mental Health Support Teams (MHSTs) to all schools and colleges is an important first step. However, MHSTs do not provide effective support for all children. There is a missing middle in support for children with moderate or complex mental health needs, younger children and those with SEND, who are underserved by the current model but do not meet the threshold for CAMHS support. Barnardo's recommends that the government expand the MHST model to include a school counsellor and to provide greater flexibility in the model that allows teams to meet local need.

4. Childhood Nutrition and Health

- In March 2025, Barnardo's published ["Nourishing the Future"](#) exploring the link between child poverty, nutrition and health.
- In a poll conducted by YouGov of 2000 parents as part of the research, **more than a quarter of parents told us that they had to buy food for their children that they know is unhealthy because they are unable to afford healthier and more nutritious options.**
- Children, young people and parents told us that barriers to accessing healthy food included cost, time poverty, lack of access to cooking appliances, and confusion about healthy eating guidance and labelling.
- Hampshire Healthy Families is a partnership between Barnardo's and Southern Health NHS Foundation Trust to deliver the healthy child programme across Hampshire. The partnership supports families to learn more about healthy eating, cook with limited resources and with wider health promotion. Programmes delivered include:
 - Family Food, Fun and Fitness; Supporting families to cook from scratch on a budget, learn about healthy eating, and to make mealtimes a family activity. Barnardo's practitioners also provide physical activities to complete as a family and support with toothbrushing.
 - Hampshire Healthy Heroes; Works with early years settings supporting healthy starts for young children through education on healthy habits and developing the key skills to look after their physical and emotional health.
 - Hampshire Healthy Steps; Provides a coaching service for families to improve health and wellbeing including advice and support to increase get active, sleep better, and improve healthy eating.

While we welcome the uplift in the value of healthy start vouchers within the NHS 10-year plan we remain concerned that the value of healthy start vouchers, even with this uplift has not kept pace with the rate of food inflation, and that thousands of families living in poverty are either ineligible for this support, or unaware of it. Barnardo's wants the government to introduce a mechanism that keeps the value of healthy start in line with food inflation. The government should also expand the eligibility criteria for Healthy Start to all households with earnings under £20,000, in line with other benefits, and implement auto-enrolment onto the scheme so that all eligible families have access.

5. Child Poverty

There is a strong link between poverty and health inequalities. Children growing up in poverty are more likely to experience physical and mental health conditions due to a lack of access to nutritious food, housing conditions, and stress. This includes increased rates of obesity, nutrient deficiency, type 2 diabetes, tooth decay and mental health conditions among this group of children. Consequently, we do not believe that it will be possible to raise the healthiest generation of children ever whilst almost one in three children are living in poverty.

Barnardo's believes that the government must, as a minimum, achieve a fall in child poverty within this parliament from existing levels of 31% to 28%. We are supportive of different policy solutions to achieve this objective; however, we believe that removing the two-child limit and benefit cap in full is the most realistic, cost-effective and practical means of reducing child poverty in this parliament.

6. Suggested Questions

- Following the publication of the Best Start in Life Strategy and commitment to introduce Best Start Family Hubs in every local authority, can the Minister outline what role these hubs will have in helping to improve health outcomes for children, and how they will complement the government's plan to develop neighbourhood health services?
- Following publication of the NHS 10-year plan, will the Minister commit to publishing an action plan for child health implementing the plan and defining outcomes for the healthiest generation of children ever?
- Children are 25% of the population but only account for 11% of NHS spending. Will the Minister commit to allocating a more equitable share of the funding allocated in the spending review to children and young people?
- Mental Health Support Teams offer effective early intervention for children with mild to moderate mental health needs, but they do not work for all children. Younger children and those with more complex needs are currently falling through gaps in support. Barnardo's is calling for every school in England to have access to a Mental Health Support Team that includes a counsellor. What plans does the government have to expand the current Mental Health Support Team offer so that all children are given the support they need?
- Following the commitment in the NHS 10-year plan to increase the value of Healthy Start Vouchers, can the Minister commit to tying the value of vouchers to inflation in future? What plans do government have to increase uptake of the scheme?
- Does the government recognise the links between child poverty and childhood health? Will it commit to ending the two-child limit and benefit cap in full, thereby reducing child poverty in this parliament?

About Barnardo's

At Barnardo's, our purpose is clear - changing childhoods and changing lives, so that children, young people, and families are safe, happy, healthy, and hopeful. Last year, we provided essential support to over 356,200 children, young people, parents and carers through 760 services and partnerships across the UK. For over 150 years, we've been here for the children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.

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